

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>E.H.</i>		<i>08-30-01</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>J.W.</i>	<i>32</i>	<i>08-30-01</i>
<b>FORMALITY REVIEW</b>	<i>H.T.</i>	<i>1117</i>	<i>8/9/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy